



ALABAMA DEFENSE LAWYERS ASSOCIATION

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MEMBERSHIP RENEWAL REQUEST

Name: _____ Alabama Bar #: ASB- _____
(Please Print) (i.e. 1234-X56X)

Firm/Employer: _____ Phone: _____

Mailing Address: _____ County: _____

E-mail: _____ Date Admitted to Alabama Bar: _____
(By providing the above, you are granting express consent to receive e-mails from ADLA.)

Percentage of your civil litigation time currently devoted to defense representation – _____ (Must be greater than 51%)

Annual Membership Dues:

- \$150.00** - admitted to practice less than 5 years **\$200.00** - admitted to practice 5 years or more

If membership is renewed, I agree to abide by the bylaws of the Alabama Defense Lawyers Association.

Applicant Signature (Required)

Date

<p>Please send check payable to: ADLA P.O. Box 680148 Montgomery, AL 36068</p>	<p>(For office use only) Check #: _____ (F P) Amount: _____ Rcvd: _____ Admitted: _____ CC _____ DB _____ EX _____</p>
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